

**UNITED STATES DEPARTMENT OF COMMERCE**  
**United States Patent and Trademark Office**  
**Address: COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**[www.uspto.gov](http://www.uspto.gov)**



**CONFIRMATION NO. 4507**

<b>SERIAL NUMBER</b> 10/757,291	<b>FILING OR 371(c) DATE</b> 01/14/2004  <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2174	<b>ATTORNEY DOCKET NO.</b> P1375US01/210572						
<b>APPLICANTS</b> Theodore David Wugoski, Fort Worth, TX;										
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 50px;"><i>NONE Am 6/19/2007</i></div>										
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: right; margin-right: 50px;"><i>NONE Am 6/19/2007</i></div>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/16/2004</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px; vertical-align: top;">           Foreign Priority claimed    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no    <input type="checkbox"/> Met after Allowance            Verified and Acknowledged    <i>[Signature]</i> <i>Am</i>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div> </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> <b>STATE OR COUNTRY</b>            TX         </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> <b>SHEETS DRAWING</b>            6         </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> <b>TOTAL CLAIMS</b>            21         </td> <td style="width: 10%; padding: 5px; text-align: center; vertical-align: middle;"> <b>INDEPENDENT CLAIMS</b>            4         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>Am</i> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4	
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>Am</i> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4						
<b>ADDRESS</b> 24333										
<b>TITLE</b> Method, system, software, and signal for automatic generation of macro commands										
<b>FILING FEE RECEIVED</b> 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees ( Filing )										
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )										
<input type="checkbox"/> 1.18 Fees ( Issue )										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										